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GENERAL HEADQUARTERS
UNITED STATES ARMY FORCES, PACIFIC
OFFICE OF THE CHIEF SURGEON

CIRCULAR LETTER NO. 40

APO 500

16 September 1945

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I. EVACUATION OF PATIENTS.

1. Only those patients will be approved for evacuation to the United States whose physical or mental conditions are such that they will plainly be unfit for any form of useful military service in this theater within a period of sixty (60) days. Due consideration must be given to the fact that malassignment is not cause for evacuation. Attention is directed to USAFFE Circular No. 42, subject: "The Utilization and Disposition of Military Personnel with Physical or Mental Defects," dated, 25 April 1945, (or any subsequent publication of this headquarters on this subject) which clearly prescribes the procedure to be followed in such cases so that medical channels for evacuation may not be abused.

2. It is the responsibility of medical officers concerned to select carefully those patients best fitted for air as opposed to ship evacuation. The risk to seriously ill patients of any form of travel will be considered; and careful judgment employed in determining the safest period for evacuation.

II. CLINICAL RECORDS.

Clinical records of sufficient completeness as to enable accurate evaluation of the character and severity of illness and the nature of treatment from examination of the records should be kept. The minimum data should include a statement of the principal symptoms and their duration, the important physical findings, and results of essential laboratory examinations, a record of treatment and progress in hospital, and a summarizing statement. When there is a likelihood that the patient will be evacuated to the Zone of the Interior, it is especially important that each hospital sharing in the care of the patient do its part in recording sig-

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nificant clinical data. Records of patients boarded for evacuation to the Zone of the Interior should be of such completeness as to leave no doubt that the character and severity of the disorder are such as to warrant evacuation, and to provide a basis for subsequent treatment and disposition. Records should include all available tissue specimens and X-ray films.

III. PREMATURE DISCHARGE OF PATIENTS TO DUTY.

Attention is directed to the importance of continuing the hospitalization of patients sufficiently long so as to insure that remediable defects have received maximal correction. Much valuable time and transportation are lost by discharging patients to duty prematurely when slight prolongation of treatment would effect greater alleviation of their symptoms.

GUY B. DENIT
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